

[illegible]

APPLICATION FOR OLDER YOUTH FOSTER CARE PROGRAM

EDUCATION

School: _____ Grade: _____

School Type: ☐ College ☐ Vocational ☐ High School

☐ Other (*Please explain*): _____

In the past 12 months have you: (*Please check all that apply.*)

- | | | |
|--|--|---|
| <input type="checkbox"/> Attend school regularly | <input type="checkbox"/> Received passing grades | <input type="checkbox"/> Been suspended from school |
| <input type="checkbox"/> Performed to potential | <input type="checkbox"/> Been truant from school | <input type="checkbox"/> Been expelled from school |
| <input type="checkbox"/> Received poor grades | <input type="checkbox"/> Been disruptive in school | |

Post High School Education Plans: _____

Completed a Life Skills Program: ☐ Yes ☐ No If yes, please specify which program: _____

FAMILY/FRIENDS

What family, friends and/or other adult support do you have in place?

	Name	Phone Number
Parent/Guardian:	_____	_____
Parent/Guardian:	_____	_____
Spouse:	_____	_____
Sibling:	_____	_____
Sibling:	_____	_____
Sibling:	_____	_____
Sibling:	_____	_____
Adult Support:	_____	_____
Adult Support:	_____	_____
Other:	_____	_____
Other:	_____	_____

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COMMUNITY INVOLVEMENT

- ☐ Clubs/Organizations ☐ Volunteer ☐ Participates in Religious Activities ☐ Mentoring
- ☐ Paid Employment ☐ Other (*Please specify*): _____

LEGAL/COURT INVOLVEMENT

Court Involved and/or Court History: ☐ Not Applicable ☐ Currently on Probation
☐ Probation Completed ☐ Conviction/Plea - No Probation Order

Probation Officer: _____ Phone: _____

Attorney: _____ Phone: _____

Reason for Court Involvement: _____

Criminal Charges, if any: _____

Do you have any pending criminal charges? ☐ Yes ☐ No If yes, please explain:

WORK EXPERIENCE

Currently Employed: ☐ Yes ☐ No If yes, please complete..

Name of Employer: _____ Hours Worked Weekly: _____

Previous Employment History: ☐ Yes ☐ No If yes, list employer(s) and dates.

Employer	Dates Employed	
	From:	To:
_____	_____	_____
_____	_____	_____

RESIDENCE HISTORY

Please list the places where you have lived in the past year

Name and type of Residence (Family, friend, DCS Placement, etc.)	Dates of Placement	
	From:	To:

I understand that this application will be reviewed for up to 30 days to assess whether or not I will be approved for entry into the Older Youth Foster Care Program. Failure to answer these questions truthfully may result in delay, further review, or denial of the application.

Signature

Date